

State of Connecticut Office of Health Care Access CON Determination Form Form 2020

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Yale University Child Study Center Outpatient Clinic	
Doing Business As	Licensed Outpatient Psychiatric Clinic for Children and Adolescents	
Name of Parent Corporation	Yale University	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	230 South Frontage Road New Haven, CT 06520	
Petitioner type (e.g., P for profit and NP for Not for Profit)	NP	
Name of Contact person, including title	Paula Armbruster, MA, MSW Associate Clinical Professor Director, Outpatient Services	
Contact person's street mailing address	294 Lawrence St. New Haven, CT 06511	
Contact person's phone, fax and e-mail address	203.785.6252 (p) 203.737.5455 (f) paula.armbruster@yale.edu	JAMES TO STATE OF THE STATE OF

SECTION II. GENERAL PROPOSAL INFORMATION

a.	Proposal/Project Title: Termination of license for the Treatment of Substance Abuse	sive or Dependent Persons				
b.	Location of proposal (Town including street address): 230 South Frontage Road, New Haven, CT 06520	, , , , , , , , , , , , , , , , , , , ,				
C.	List all the municipalities this project is intended to serve: New Haven and Connecticut	EL MARTIN				
d.	Estimated starting date for the project: 30 September 2005	1** 14.				
e.	Type of Entity: (Please check E for Existing and P for Proposition)	osed in all the boxes that				
E P V	Acute Care Hospital Behavioral Health Provider Hospital Affiliate E P Imaging Center Ambulatory Surgery Cen Other (specify):	E P				
SECT	TION III. EXPENDITURE INFORMATION	•				
a.	Estimated Total Capital Expenditure/Cost: \$ N/A					
b.	Please provide the following breakdown as appropriate: (maggregate shown above)	ay not represent the				
	New Construction/Renovations	\$				
	Medical Equipment (Purchase)					
	Imaging Equipment (Purchase)					
	Non-Medical Equipment (Purchase)					
	Sales Tax					
	Delivery & Installation					
	Total Capital Expenditure \$					
	Fair Market Value of Leased Equipment	The second secon				

Page 3 of 4 12/7/05

	Total Capital Cost			\$		
Major Medical and/or imaging equipment acquisition: N/A						
	Equipment Type	Name	Model	Number of Unit	s	Cost per unit
· 10.			 	Farmer		1/400-4
	Note: Provide copy of o	contract with	vendor for	medical equipment	de jarde 10 - 10 au 10 s. Gallet et skriftenskar 1	- An annual section of the Annual Section Sect
	c. Type of financing	or funding	source: N/A			
T 1	Operating	Funds		Lease Financing		Conventional Loan
	☐ Charitable	Contributio	ns 🗌	CHEFA Financing		Grant Funding
	☐ Funded D	epreciation		Other (specify):		
	SECTION IV. PROPOS	SAL DESCR	RIPTION			
- Personal Control of the Control of	Please attach a separadescription of the proper project. Please be sure	sed project,	highlighting	all the important a	no more ispects o	than a 2 page f the proposed
, a ia	Currently what type Department of Publ				able, pro	vide a copy of each
	What types of servi sought, if applicable	ces are bein e?	g proposed	and what DPH lice	ensure ca	itegories will be
	3. Will you be chargin	g a facility fe	e?			
	4. Who is the current	population s	erved and v	vho is the target po	pulation	to be served?
	5. Who will be providi	ng the servic	ce?			
	6. Who are the payers	of this serv	ice?			

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SECTION IV. PROPOSAL DESCRIPTION

- 1. The Clinic provides psychiatric evaluation and treatment of children, adolescents and families. The clinic holds no Department of Public Health license other than the License for Substance Abusive or Dependent Persons, which expired on 30 September 2005 and which we chose not to renew.
- 2. Termination of Licensure for Substance Abusive or Dependent Persons; no DPH licensure categories will be sought.
- 3. No.

- 4. No one currently served under the License for Substance Abusive and Dependent Persons; no one to be served upon its termination (N/A).
- 5. No service required; N/A.
- 6. No payment required; N/A.

Page 4 of 4

SECTION V.	AFFIDAVIT
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Applicant: Paula Armbruster
Project Title: Termination of license for the Treatment of
substance Abusive or Dependent Persons
1. Paula Armbruster Director 1 Dutpatient Services
(Name) (Position – CEO or CFO) Yale University child Study Center of outpatient Clinic being duly sworn, depose and state that the
information provided in this CON Determination form is true and accurate to the best of my
knowledge, and that overpation (linic complies with the appropriate (Facility Name)
and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-
486 and/or 4-181 of the Connecticut General Statutes.
Signature 12/02/2005 Date
Subscribed and sworn to before me on Muumle 2, 2005

My commission expires:

July 31 2009

Kathi**een A. Czarniak** Notary Public

My Commission Expires July 31, 2009

Form 2020 Revised 7/02

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0249

Facility for the Care or Treatment of Substance Abusive or Dependent Persons

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Yale University, School of Medicine, Child Study Center of New Haven, CT, d/b/a Yale University, School of Medicine, Child Study Center is hereby licensed to maintain and operate a Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

Yale University, School of Medicine, Child Study Center is located at 230 S. Frontage Road, New Haven, CT 06520 with:

Alan E. Kazdin, Ph.D. as Executive Director

The service classification(s) and if applicable, the residential capacities are as follows:

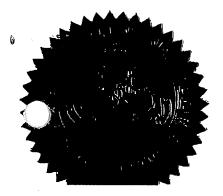
Outpatient Treatment

This license expires September 30, 2005 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2003. RENEWAL.

License revised to reflect:

CHANGE OF EXECUTIVE DIRECTOR EFF: WITH RENEWAL



J Robert Delvin M.D., M.R.H.

J. Robert Galvin, M.D., M.P.H., Commissioner